



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 22, 2017

Ms. Randi Cohn, Manager
The Gables At East Mountain
1 Gables Place
Rutland, VT 05701-8868

Dear Ms. Cohn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 25, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



MAY 19 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2017
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:	R100		
<p>An unannounced on-site re-licensure survey was completed from 4/24/17 to 4/25/17. A concurrent investigation included review of a mandated facility report as well as an anonymous complaint regarding resident care. The following deficiencies are related to the re-licensure survey. There were no violations related to the complaint and the facility report.</p>				
R128	V. RESIDENT CARE AND HOME SERVICES SS=D	R128	<p><u>Tag R128</u></p> <p>Resident #2 had the order corrected.</p> <p>Resident #6 had her Tylenol order corrected.</p> <p>All resident orders will be reviewed. Any issues identified will be corrected.</p> <p>Seven (7) resident orders will be surveyed monthly. Findings will be shared with the QI team. If there are issues found, surveys will be expanded to all residents based on the QI team's recommendations. The monthly surveys will be conducted for three (3) months and then, if the QI team recommends, the surveys will be done quarterly for a year. The QI team will then re-evaluate and recommend action based on findings.</p> <p>These items will be corrected by June 17, 2017.</p>	
<p>5.5 General Care</p> <p>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that each resident's medication, treatment, and dietary services are consistent with physician orders. Each resident's Medication Administration Record (MAR) must be consistent with physician orders for each medication administered. 2 of 5 residents the sample were affected by these issues. (Residents #2 and #6). Findings include:</p> <p>1. Per review of the medical record, Resident #2 was admitted to the facility without properly executed physician orders for all medications that the resident was administered for a 1 week period. The resident was admitted in July, 2017, and had Physician Standing Orders signed and dated on the day of admission. There were no orders for the other medications administered to</p>				

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Landi Cope

STATE FORM

6899

TITLE
Program Administrator

(X6) DATE

5/14/17

If continuation sheet 1 of 7

R128 - R252 POC's accepted 5/17/17 MBotter RN/PME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2017
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R128	Continued From page 1 the resident until 1 week after the date of admission. This issue was confirmed with the RN, who was not able to locate any other signed orders effective for of the date of admission. 2. Per observations during a medication pass with a Medication Technician, the physician orders for the medication Tylenol for Resident #6 did not match the order transcribed to the MAR (medication administration record) on 4/24/17. The MAR stated Tylenol 1 tab, (500 mg) PO pain, and the times 8 A and 8 PM were written. The order as transcribed failed to include the frequency. When the physician's order was found in the medical record, it stated "New order, 3/24/17: "Tylenol 500 mg, 1 tab at 8 AM and 2 PM. (The resident had additional orders for Tylenol also). The order as transcribed did not match the physician's order and this was confirmed during interview with the RN.	R128		
R188	V. RESIDENT CARE AND HOME SERVICES SS=A 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance	R188	Tag R188 The RN did assess and place a note in Resident #1's record relating to the incident. All other resident charts will be reviewed for proper follow-up to an incident and corrected as necessary. Ten (10) resident records will be reviewed monthly for three (3) months to ensure compliance on this issue. Findings of the audit will be shared with the QI team. The audit can be expanded if the results warrant. After three (3) successful months, this audit will be completed quarterly for one (1) year and shared with the QI team. This will be completed by 6/17/17.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2017	
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R188	Continued From page 2 directives, if any completed; and a copy of the document giving legal authority to another, if any.	R188		
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to document information regarding a resident accident and subsequent follow up actions taken for 1 of 5 applicable residents in the sample. (Resident #1). Findings include: Per record review, a progress note by a PCA (care giver) dated 2/3/17, 11:30 PM, stated that the "resident slid onto floor trying to get into bed, VS (vital signs) OK, no visible injuries, RN notified." There was no follow up documentation regarding RN assessment after the fall, nor notification of the event to the family and physician. During interview, the RN stated that he/she had notified the family and MD, per policy and had assessed the resident (no injuries), but had failed to document the actions in the medical record.			
R232 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance. This REQUIREMENT is not met as evidenced by: Based on observation and menu review, the facility failed to post complete menus as required. This process had the potential to affect all	R232	Tag R232 Menus in the future will include side dishes and Sunday dinners. Menus will be reviewed monthly to insure these items continue to be on the menu. Findings will be shared with the QI team and action taken as necessary to insure compliance. These items will be completed by June 17, 2017.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2017
NAME OF PRVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R232	Continued From page 3 residents of the licensed entity. Findings include: Per review of the menus for the week of 4/24/17, posted in the entrance area of the home, the menus were incomplete and did not include all of the menu items for each meal of the day. The side dishes for the entrees available for the day were not included. Additionally, there was no dinner menu posted a week in advance for the Sunday evening meal. These concerns were confirmed with the Food Service Director.	R232	
R247 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all perishable food and drink was held at the proper temperature and was labeled. Findings include: During a tour of the kitchen areas on 4/24/17, there were several containers of cold drinks that were not labeled as to the contents and they were not stored in original containers identifying the contents. This observation was confirmed at the time with the Food Service Per review of the temperature recording logs for April, 2017, on one occasion staff failed to retake the temperature of the 2 door reach-in in the	R247	Tag R247 All items identified as improperly labeled were removed or labeled as appropriate. Temperatures have since been checked to ensure compliance on this issue. Dietary staff will be educated on proper labeling and storage of food and on maintaining the temperature log. A weekly review will be completed by the Food Service Director and the Executive Director to ensure proper labeling, food storage, and temperature logs. Any issue found during these rounds will be dealt with immediately. The findings of these rounds will be shared with the QI team and recommendations made as needed. These items will be in place by June 17, 2017.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2017
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R247	Continued From page 4 kitchen after a reading of 42 degrees F, per policy. The FSD stated that if a temperature is above 40 degrees F., staff should retake it and if it is still above range, it must be reported to him/her.	R247		
R251 SS=E	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all food and drink was stored to protect from other sources of contamination in adjacent areas of the room and maintain a sanitary environment. Findings include: Per observations on 4/24/17, accompanied by the Food Service Director, the 7 shelving units used in the dry food storage area were observed with a build up of dust on the shelves. In addition, a carpet cleaner that was soiled with a heavy build up of dirt and dust was stored in the immediate area. During interview, the FSD stated that one of the staff uses the carpet cleaner in the dining room for floor cleaning after dinner on some evenings.	R251	Tag R251 The shelves noted with dust during the survey have been cleaned. The cleaning supplies stored with dry goods have been removed and are now stored in another location. The Food Service Director will develop a cleaning schedule that includes the shelving unit. Weekly rounds will be done by the Food Service Director and the Executive Director. These rounds will include looking to ensure all items are clean and items stored correctly. The findings of the weekly rounds will be shared with the QI team and recommendations made as warranted. These items will be completed by June 17, 2017.	
R252 SS=E	VII. NUTRITION AND FOOD SERVICES	R252		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2017
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R252	<p>Continued From page 5</p> <p>7.2 Food Storage and Equipment</p> <p>7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the home failed to assure that areas of the kitchen used to store food, drink, equipment or utensils were constructed to be easily cleaned and were kept clean. Findings include:</p> <p>Per observations of the kitchen on 4/24/17, the following areas of the kitchen were observed to be visibly soiled; staff failed to store dishware, glasses and equipment in a sanitary manner and failed to assure that all areas of the kitchen were maintained in a sanitary manner and in good repair:</p> <p>a. Next to a shelving unit storing clean glasses, food storage containers and bowls etc., on the left side, a broom for sweeping floors was hanging on the wall in very close proximity to the clean glassware; also next to it was a dust mop that was heavily soiled; on the bottom shelf of the shelving unit, another dust mop was stored on the wall to the right, in contact with a mixing bowl; food storage items on the bottom shelf were visibly dusty;</p> <p>b. On another counter, a food processor was observed to be soiled and dusty and had not been used that morning. The counter top had a torn Formica surface with missing side coverings that were not sealed, nor easily cleaned;</p>	R252	<p>Tag R252</p> <p>All cleaning supplies have been removed and stored elsewhere.</p> <p>All storage items have been cleaned.</p> <p>The food processor has been cleaned.</p> <p>A new countertop has been ordered.</p> <p>The fryer oil has been changed and the fryer cleaned.</p> <p>The cabinets have been cleaned.</p> <p>The floor will be repaired.</p> <p>The air conditioner support will be painted.</p> <p>The Food Service Director will develop a more detailed cleaning schedule.</p> <p>The Food Service Director and the Executive Director will conduct weekly rounds in the kitchen. Any findings will be corrected immediately. Reports from these rounds will be shared with the QI team monthly. Recommendations will be made by the QI team based on findings.</p> <p>These items will be completed by June 17, 2017.</p>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2017	
NAME OF PROVIDER OR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R252	Continued From page 6 c. A deep fryer that had not been used that day was observed to be heavily soiled on the cover and was not cleaned after use, with evidence of bread crumbs in the oil. (The oil was not filtered after use); d. The kitchen cabinets were not clean, with visible soiling on the outside and inside doors, including upper and lower cabinets. The floors were cracked in areas exposing the plywood underlayment, not easily cleanable. The window sill identified as used to hold a seasonally used air conditioner, had an unpainted, unsealed 2 x 4 piece of wood attached. The Food Service Director (FSD) accompanied the surveyor on the tour of the kitchen and storage areas.	R252		